



## Testing Consent Form

To encourage parental involvement and ensure the safety and security of our potential members, we require parental consent for testing of children under the age of 18. Please complete the following information.

Name (Last, First, Middle)		Age
Parent/Guardian (Last, First, Middle)		Relation
Address (Street, Apt #)		Telephone #
City, State, Zip Code		(     )     -
Email Address		

I hereby give American Mensa permission to administer the Mensa Admission Test to my child to determine eligibility for Mensa membership. I understand that a letter indicating membership qualification will be sent to the address listed above, and that upon qualification, this contact information will be provided to the local chapter. Additional verification may be confirmed prior to results being released.

Signature of Parent/Guardian listed above	Date
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*Proctor, please return this page with testing materials.*